

2017/18 Quality Improvement Plan for Ontario Hospitals "Improvement Targets and Initiatives"

AIM		Measure							Change					
Quality Dimension	Objective	Measure/Indicator	Unit/Population	Source/Period	Org. Id	Current performance	Target performance	Target justification	Planned involvement initiatives	Methods	Process measures	Goals for change ideas	Comments	
Efficient	Reduce Alternative Level of Care Rate	Total number of ALC inpatient days contributed by ALC patients within the specific reporting period using real near-real time acute and post-acute ALC information and monthly bed census data.(open, discharged and discontinued cases), divided by the total number of patient days for open, discharged and discontinued cases (Bed Census Summary) in the same period.	%/ All acute patients	Bed Census Summary, Ministry of Health, SW LHIN, HSAA/most recent quarter available	676	Q1 – 17% Q2 – 16.7%	13.55% H-SAA TARGET	<ul style="list-style-type: none"> • ALC rate is stable currently; however, the small number of inpatient days for the hospital makes this a variable metric. • Further, the ALC metric is a system wide issue; HDH plays a role, but cannot control this metric solely. 	<ul style="list-style-type: none"> • Continue to work with CCAC daily to discuss discharge plans • Continue to promote Home First with families, nursing staff and physicians • Discuss Home First stats and ALC rates at Utilization meetings and MAC • Continue to complete and monitor 48-hour phone calls; continue to ask if home services are in place • Call Home First discharge patients frequently: 48 hours, 7, 14, 21 and 28 days to ensure that services are in place and meeting their needs • Set discharge date and plan at admission • Early diversion in ER of "Failure to Cope" patients – Involved CCAC from point of assessment in ER • Meet with nursing homes (LTC) and lodges to discuss ALC issues and care coordination. • Addition of RCU in April. 	<ul style="list-style-type: none"> • Track ALC, Home First, Readmission and length of stay rates • Monitor rates of patients admitted with Failure to Cope as a diagnosis • Continue to monitor lab early morning turnaround times. 	<ul style="list-style-type: none"> • ALC rate % • Home First Rate • Length of Stay rates • Readmit rates 	<ul style="list-style-type: none"> • Reduce ALC rate to 13.55% 	H-SAA TARGET	
Patient Centred	Increase Home Support for discharged palliative patients	The number of home discharges in the reporting period with a hospital admission	%/Inpatient	Discharge Abstract Database (DAD)/most recent quarter available	676	Establishing baseline	Establishing baseline	<ul style="list-style-type: none"> • Monitor the number of palliative patients that are discharged with home 	<ul style="list-style-type: none"> • Continue to work with the Palliative Care Outreach team via CCAC to ensure that patients are linked and supported about discharge. • Develop complex 	<ul style="list-style-type: none"> • Monitor the number of discharges home that indicate the patient is receiving palliative care 	% Inpatient discharged with a palliative diagnosis	Establish baseline data		

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		that indicates that the patient is receiving palliative care						support.	<p>continuing care plans through Health Links and the Palliative Care Team to support these patients in the community</p> <ul style="list-style-type: none"> • MAC presentation from Health Records coding on the importance of documenting palliative diagnosis and home plans clearly 				
Patient Centred	Improve patient satisfaction: Would you recommend inpatient care?	"Would you recommend this hospital to family and friends?", add the number of respondents who responded "Definitely Yes" and divide by number of respondents who registered any response to this question (do not include non-respondents.)	% /Inpatient	Hospital collected survey/ most recent quarter available	676	Collecting baseline Similar questions in surveys rated in 90 th percentile. " Would you recommend the hospital to your friends and family? " 97% (Q1-Q3)	95%		<ul style="list-style-type: none"> •Continue to implement the "Achieving Excellence" philosophies. •Reinforce the code of conduct •Distribute the revised patient rights and responsibilities document. •Gain a better understanding of what discourteous is. • Implement new infection control standards • Initiated the Patient and Family Advisory committee; gain feedback from the patients perspective regarding care and customer service. • Increase Volunteer involvement in customer service initiatives; ensure ongoing education and communication. • Update clinical directory bi-annually 	<ul style="list-style-type: none"> •AIDET, Critical Conversations Training; on-going education on customer service techniques. •Code of conduct education and awareness •Incorporate in to rounding conversations (perhaps add the following question to rounding logs "How have you improved the patient experience over the last month". •Videos demonstrating courteous behaviour •Inclusion of patients on the Patient and Family Advisory Committee and other committees to provide insight. •Request feedback regarding specifics on the patient satisfaction survey. •Senior Team to complete "Rounding" for outcomes on patient • Increased time spent 	<ul style="list-style-type: none"> •LDI delivered •Managers provide documentation on critical conversations. •Attendance at AIDET training or other educational workshops •Senior Team completes 1 patient rounding per week. •Number of patient complaints Patients in the right room 	<ul style="list-style-type: none"> •Provide staff the tools and education to understand what is courteous behaviour and to incorporate it into their daily behaviours at HDH 	

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										<ul style="list-style-type: none"> on cleaning high touch areas. • Involve Patient & Family Advisory Committee in decision making for inpatients. • Increase the number of patient satisfaction surveys completed in acute care • Increase the utilization of volunteers where necessary for improved customer service • Explore the potential of unit-based patient advisor committees 			
Patient Centred	Improve patient satisfaction: Would you recommend emergency department?	"Would you recommend this emergency department to family and friends?" add the number of respondents who responded "Definitely Yes" and divide by number of respondents who registered any response to this question (do not include non-respondents.)	%/ED Patients	Hospital Collected survey/ most recent quarter available	676	Collecting baseline Similar questions in surveys rated in 90 th percentile. "Would you recommend the hospital for care?" 100% (Q1-Q3)	95%		<ul style="list-style-type: none"> • Continue to implement the "Achieving Excellence" modules. • Reinforce the code of conduct • Distribute the revised patient rights and responsibilities document. • Gain a better understanding of what discourteous is. • Implement Kiosk in registration as well as pre-registration from home • Initiated the Patient and Family Advisory committee; gain feedback from the patients perspective regarding care and customer service. 	<ul style="list-style-type: none"> • AIDET • Critical conversations • Code of conduct education • Incorporate in to rounding conversations. • Videos demonstrating courteous behaviour • Inclusion of patients on the Patient and Family Advisory committee and other committees to provide insight. • Request feedback regarding specifics on the patient satisfaction survey. • Senior Team to complete "Rounding" for outcomes on patients • Involve patient advisors in decision making for the ER. • Increase the number 	<ul style="list-style-type: none"> • % registration from home. • % utilizing kiosk for outpatient clinics. • Overall patient satisfaction score 	Provide staff the tools and education to understand what is courteous behaviour and to incorporate it into their daily behaviours at HDH	

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										of surveys in the ER department <ul style="list-style-type: none"> Increase the utilization of volunteers as necessary for improved customer service. 			
Patient Centred	Increase patient experience: Did you receive enough information when you left the hospital?	“Did you receive enough information from hospital staff about what to do if you were worried about your condition or treatment after you left the hospital?” add the number of respondents who responded "Completely" and divide by number of respondents who registered any response to this question (do not include non-respondents.)	%/ ED, Inpatients, Surgical Services	Hospital Collected Survey/most recent quarter available	676	Collecting Baseline Similar questions in surveys rated in 90 th percentile. “ Did you know who to call if you needed help or had more q’s after you left the hospital?” 94% for OR/ER (Q1-Q3)	95%		<ul style="list-style-type: none"> Implement a Day Surgery Information Guide Continue to hand-out prepared packages on commonly admitted conditions: COPD, DM , HTN, Angina, Arrhythmia, asthma Continue to provide LEXICOM information regarding medication and medical conditions to patients Work with the Hanover Family Health Team to ensure that patients receive information about community based patient education programs Modify, with help from the Patient and Family Advisory Committee 	<ul style="list-style-type: none"> Handout prepared folders to patients Orientate nurses to Lexicom annually Discuss patient education at rounds Work with Family Health Team to ensure that patients rostered receive information about community based patient education programs Review documentation of education charting in CareNet system 	<ul style="list-style-type: none"> # of each folder handed out quarterly # of referrals that FHT receives from Acute Care and ER Audit the education section of CareNet 	To ensure that patient education is viewed as an integral part of providing sound patient care	
Safe	Increase reconciliation upon admission	Total number of patients with medications reconciled as a proportion	%/ All patients	Hospital collected data/ most recent quarter available	676	Q2 - 99%	100%	<ul style="list-style-type: none"> Based on current performance Important to emphasize the importance of 	<ul style="list-style-type: none"> Renewed emphasis on completing medication reconciliation at admission 	<ul style="list-style-type: none"> Education on importance and proper completion of medication reconciliation Education for nurses 	<ul style="list-style-type: none"> Education sessions to all staff Audit medication reconciliation 	<ul style="list-style-type: none"> Increase Medication Reconciliation at admission to 100% 	

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		of the total number of patients admitted to the hospital.						performing medication reconciliation at HDH		and Physicians •Continue to audit charts to determine compliance	quarterly		
Safe	Medication reconciliation at Discharge	The total number of discharged patients for whom a Best Possible Medication Discharge Plan was created as a proportion of the total number of patients discharged.	%/ All patients	Hospital collected data/ most recent quarter available	676	Q2 – 99%	100%	<ul style="list-style-type: none"> •Based on current performance •Important to emphasize the importance of performing medication reconciliation at HDH 	<ul style="list-style-type: none"> •Renewed emphasis on completing medication reconciliation at discharge 	<ul style="list-style-type: none"> •Education on importance and proper completion of medication reconciliation •Education for nurses and Physicians •Continue to audit charts to determine compliance 	<ul style="list-style-type: none"> •Education sessions to all staff •Audit medication reconciliation quarterly 	<ul style="list-style-type: none"> •Increase Medication Reconciliation at Discharge to 100% 	
Effective	Percentage of patients identified as meeting Health Link criteria who are offered access to Health Links approach	The total number of patients who were offered access to the Health Link approach divided by the total number of patient identified through clinical level assessments and/or data driven case-finding methods sources as meeting HLs criteria.	%/Inpatients	Hospital Collected date/most recent quarter available	676	Collecting Baseline	Collecting Baseline Gradual quarterly increase in the number of referrals	<ul style="list-style-type: none"> • Emphasizing that the concept of Health Links needs to be engrained in all of our staff. 	<ul style="list-style-type: none"> • Educate all nursing and physician staff about Health Links • Include Health Links coordinator in weekly planning 	<ul style="list-style-type: none"> • Educate nursing staff via Brain train and webinar sessions • Educate/re-orientate MD staff on the importance of Health Links and coordinated care planning for patients • Discuss at rounds and huddles • Track metric on Huddle boards for staff to visualize 	<ul style="list-style-type: none"> • Number of patients on coordinate care plans quarterly 	<ul style="list-style-type: none"> • Increase the capacity of improved discharge planning for complex patients. 	